

DAVIDSON & SONS CUSTOMS BROKERS LTD EVENT LOGISTICS SERVICES

www.davidsonandsons.com





October 18-21, 2018



OFFICIAL SUPPLIER



SHIPPING SERVICES

To facilitate the most efficient and cost-effective service possible, the Vancouver Fall Home Show (VFHS) has appointed DAVIDSON & SONS (D&S) EVENT LOGISTICS as the OFFICIAL CARRIER / FREIGHT FORWARDER for the tradeshow taking place at The Vancouver Convention Centre - WEST over the dates of October 18-21, 2018. It is not compulsory to use D&S, but VFHS strongly advises and recommends that you do.

Complete the enclosed Order Form and send to <u>events@davidsonandsons.com</u>, or Fax: 604-681-2601. Please contact D&S as soon as possible to schedule the pick-up of your materials.

If you have a shipping or customs clearance related question, or wish to receive a quote for either service, please contact:

DAVIDSON & SONS EVENT LOGISTICS

Telephone: 604-681-5132

E-mail: <u>events@davidsonandsons.com</u>



Customs & Transportation Services Order Form

Telephone: +1 (604) 681-5132

Fax: +1 (604) 681-2601

Please accept this as authority for Davidson and Sons Customs Brokers LTD., located at #1220 - 1188 W. Georgia Street, Vancouver, BC V6E 4A2; business number 101291300RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in Davidson and Sons Customs Brokers LTD., Standard Trading Conditions, including but not limited to: 1. The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes, and levies in respect of imported and exported goods released; and 2. The transportation, warehousing, and distribution of such goods.

In signing this form, I grant Davidson and Sons Customs Brokers LTD., full power and authority to appoint a sub-agent, where required. This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

	Continuous A	uthority granted								
Show/Event Name:					Show/Event Dates:					
Services Required (please check one): Customs Clearance and Transportation Customs Clearance					Only Transportation Only			Advance Warehouse		
	Company Name:				Company Name:			Booth #:		
	IRS#:			ö	Facility Na	me:				
Shipper Info.	Address:			Inf	Address:					
<u>ا</u>	Address: City: State/Prov: Zip/Post: Contact Name: State/Prov: Zip/Post:									
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Shi	Contact Name: Tel:		۵	On-site Co	ntact:	Gtato/110V.	Cell:			
	E-mail: Fax:				E-mail:					
	☐ Same as Shipper							☐ Same a	s Shipper	
Return Freight Info.	Company Name:				Company					
= =	IRS#:			fo.	Importer # (if applicable):					
eigl	Address:			Billing Info.	Address:					
Ŧ										
u.n	City:	State/Prov:	Zip/Post:	Bil	City:		State/Prov:	Zip/Post:		
Ret	Contact N	ame:	Tel:		Contact Na	ame:		Tel:		
	E-Mail:		Fax:		E-mail:			Fax:		
	Terms of Payment and Security Deposit – MUST BE COMPLETED									
ifo.	Charge to	: Uisa	☐ MasterCard	☐ Ame	rican Expres	S				
it Ir	Cardholder Name: Title:									
mei	Credit Card Number: Expiry Date: CVC:									
Payment Info.	I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00).									
	Cardholder Signature: Date:									
	Carrier Name (if not using DS): Carrier Contact Name:									
	Carrier Contact Tel: Pick-up Date:				Carrier Contact E-mail: Hours of Operation:					
	Delivery Date:				Delivery Time/Window:					
Shipment Info.	# of									
	Pieces	(Box/Crate/Skid, etc.)		Length	Width	Height		Per Piece	Total	
			@ Dimensions (Inches) Each				@ Weight (lbs) Each			
			@ Dimensions (Inches) Each@ Dimensions (Inches) Each				@ Weight (lbs) Each @ Weight (lbs) Each			
ent			@ Dimensions (Inches) Each				@ Weight (lbs) Each			
pmd			@ Dimensions (Inches) Each				@ Weight (lbs) Each			
Shi		Total			•		,	Total Weight:		
	Requested Service Level: Air 2 nd Day Truck Other: Additional Services Required: Lift Gate Inside Pick Up/Delivery Weekend Pick Up/Delivery									
	Cargo Insurance / Declared Value This shipment is covered under basic carrier liability, direct with the carrier. Maximum liability (declared value for carriage of this shipment) is agreed to and understood to be \$0.50									
		per pound multiplied by the number of pounds for that part of the shipment lost or damaged, but not less than \$50.00 per shipment UNLESS additional Cargo Insurance has been arranged with Davidson and Sons LTD. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Davidson and Sons LTD. for more information								
	on Cargo Insurance.									
Terms & Conditions										
This order is placed with the specific understanding that we hereby release Davidson and Sons LTD. and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled; 1) Davidson and Sons LTD. shall not be responsible for damage to uncrated materials, improperly										
packaged goods or concealed damage. 2) Davidson and Sons LTD. will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its										
control. 3) Davidson and Sons LTD. liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) Davidson and Sons LTD. shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for										
any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws.										
Client Signature I have read and agree to the terms of this contract. Accepted by Davidson & Sons								ers LTD.		
Signature:					Signature:					
Name:					Name:					
Title:					Title:					
Date:					Date:					